MONTANA BOARD OF NURSING PO Box 200513 (301 S Park, 4th Floor) Helena, MT 59620-0513 LICENSING PHONE: (406) 444-5711

EMAIL: nurse@mt.gov WEBSITE: www.nurse.mt.gov

INSTRUCTIONS FOR MEDICATION AIDE II LICENSURE:

(Medication Aide II licensure may only be used in Long Term Care Facilities)

FEES:

- Application fee is \$25.00
- Fees are payable to the Montana Board of Nursing by check, money order, or cashier's check.
- Please enclose your payment with your application.
- All application fees are NON-REFUNDABLE and must be received with your application to insure proper processing.
- Submission of fees and application does not ensure issuance of a license.

LICENSURE REQUIREMENTS: (See rule 24.159.901 and 24.159.911)

- Successfully passed a board specified Medication Aide II training course or hold an unencumbered Medication Aide certification or license in another state.
- It is the applicant's responsibility to ensure that official course completion certificate is sent directly from the Medication Aide course location to the Montana Board of Nursing.
- Provide proof the applicant has a high school diploma or equivalent.
- The applicant must hold a valid Certified Nursing Assistant (CNA) certificate issued by the Department of Health and Human Services (DPHHS).
- Provide proof that the applicant has been employed as a CNA in a long-term care facility for a minimum of 4000 hours.
- Provide proof that the applicant holds a current CPR certificate.
- It is critical to your licensure to not withhold any information regarding each question on the application.

EXAMINATION INFORMATION:

- Register with D&S Diversified Technologies-Headmaster at <u>www.hdmaster.com</u>.
- Successfully pass the Medication Aide II exam with a score of at least 80%.

□ VERIFICATION OF LICENSURE (Proof of licensure from other states, if applicable):

- The applicant is responsible for requesting official verification for ALL professional licenses held within the last two years, regardless of status.
- Photocopies of licenses do not qualify as official verification and should not be included with your application.

FINGERPRINT/BACKGROUND CHECK PROCESS:

- Read and attest to reading the Noncriminal Justice Applicant's Rights form (included in the application).
- Fingerprint cards are available from most local law enforcement agencies and the Montana Department of Justice (DOJ). Complete the information requested at the top of the fingerprint card prior to having your prints taken and include the following information:

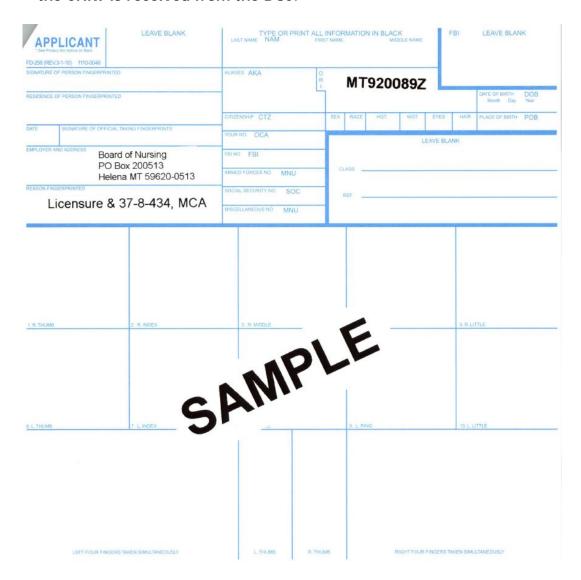
EMPLOYER AND ADDRESS: Board of Nursing, PO Box 200513, Helena, MT 59620-0513 **REASON FINGERPRINTED:** Licensure & 37-8-434, MCA

ORI: MT920089Z

Most local law enforcement agencies will take your fingerprints for a nominal fee. After paying this fee and having your fingerprints taken, send the completed fingerprint card along with a check or money order for \$27.25 made payable to the "Montana Department of Justice" and mail it to Montana Criminal Records, 2225 11th Avenue, PO Box 201403, Helena MT 59620-1403. Please check with your local post office and add accurate postage prior to mailing.

FINGERPRINT/BACKGROUND CHECK PROCESS CONTINUED:

- If DOJ rejects your first fingerprint card as "unreadable," the Board office will notify you and you will need to re-submit your fingerprints. You are not required to repay the processing fee to the Montana Department of Justice under these circumstances.
- Criminal History Record Information (CHRI) from the fingerprints is only released to the Board of Nursing. Your application will not be considered complete until the CHRI is received from the DOJ.



RENEWAL:

- All licenses expire on March 31 yearly.
- Renewal notices are mailed 45 days prior to the expiration date to your address of record. Change of address form is available at www.nurse.mt.gov, under the Forms tab.
- Must complete 12 contact hours of continuing education each annual license renewal period. The continuing education must be in pharmacology and medication administration. (See rule 24.159.912).

□ NON-ROUTINE APPLICATIONS: (see <u>ARM 24.159.403</u>)

- If the completed application is non-routine, there may be a delay in processing.
- The Board may request that you provide additional information, and you may be requested to be available in person or by phone for the Board during a regularly scheduled board meeting.
- A complete application must be received by the board 15 business days prior to a scheduled board meeting. Please refer to our website for Board meeting dates.

IMPORTANT INFORMATION FOR ALL APPLICANTS:

- The applicant will be notified of any deficiencies in their application.
- Official licensure status can be accessed via the "Licensee Lookup" system on the board website, www.nurse.mt.gov.
- It is the responsibility of the applicant to keep the board office informed of any name changes, address changes, changes in licensure status, complaints or proposed disciplinary action against you in this or any other state. The change of address form is available at www.nurse.mt.gov, under the Forms tab.

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. Application Fees must be paid before your application can be reviewed. When the Board has all necessary documentation, your application will be processed.

Incomplete applications expire 12 months from the date received by the Board of Nursing.

MEDICATION AIDE II'S ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE.

APPLICATION FOLLOWS

MONTANA BOARD OF NURSING PO Box 200513 (301 S Park, 4th Floor) Helena, MT 59620-0513 LICENSING PHONE: (406) 444-5711

EMAIL: <u>nurse@mt.gov</u> **WEBSITE**: <u>www.nurse.mt.gov</u>

Application for Licensure as: Medication Aide II - \$25.00

Allow 30 business days from the date the Board office has received all required documentation for processing a routine application, for an applicant to be made eligible to test.

PLEASE PRINT OR TYPE

1.	FULL NAME:			
		First	Middle	Last
2.	SOCIAL SECURITY NUME	BER:		
3.	OTHER NAME(S) KNOWN	BY (i.e. maiden na	ıme):	
4.	EMAIL ADDRESS:			
	(Email is the Board's pri	imary method of com	munication)
5.	DATE OF BIRTH:			
6.	GENDER: Female	Male		
4.	MAILING ADDRESS:			
	City		State	Zip Code
5.	TELEPHONE Home:		Mobile:	·
6.	YOUR ETHNICITY:	American Indian or	Alaska Native	Hawaiian or Other Pacific Islander
		Asian		Other
		Black/African Ameri	ican	Prefer Not to Answer
		Hispanic/Latino Nat	ive	White/Caucasian
10.	Do you have a valid CNA	certification?	Yes No	
	What is the certification r	iumber?	Ехр	iration date?
11.	Have you been employed as a CNA in a long-term care facility for a minimum of 4,000 hours Yes No			
12.	Do you have a current CP	R certification?	Yes No	
13.	NONCRIMINAL JUSTICE APPLICANT'S RIGHTS FORM I acknowledge that I have read the Non-criminal Applicant's Rights Form and by answering yes, I acknowledge this agency has informed me of my privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.			

Yes No

of final disposition.

ige 5 0	1 7						
14.	PROFES	SSIONAL EDUCATION	ON:				
	Name of Medication Aide II program attended:						_
Location of program:						_	
	City State						
	Date of	completion of the	Medication Aide II p	rogram?			
15.	List any hold or h constitut	LICENSE VERIFICATION DOCUMENTS List any nursing licenses that you have previously held. Indicate below all professional licenses you hold or have ever held in another state/province/territory. Failure to list any past nursing licenses constitutes a falsification of your application and will result in a declined status of your application and/or disciplinary action.					
	State	Other Jurisdiction	License Type	License Number	Verifica Reque		
					Yes	No	
					Yes	No	
					Yes	No	
16.	denied?		ch a detailed explana	onal or occupational license ation and provide supportin		Yes	No
17.	Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.			No			
18.	professional or occupational license you have held? If yes, please provide agency				No		
19.	professional or occupation license in anticipation of or during an investigation or				No		
20.	licensing		ease attach a detaile	a professional or occupation d explanation and provide		Yes	No
21.	Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation			No			

22.	Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fine of less than \$200; and (2) convictions prior to your 18 th birthday unless you were tried as an adult.	Yes	No
23.	Have you ever been diagnosed with substance use disorder or another addiction, or have you participated in an addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.	Yes	No
24.	Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation.	Yes	No
25.	Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.	Yes	No
26.	Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
27.	Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
28.	Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
29.	Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.	Yes	No
30.	Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.	Yes	No

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31.	Have you ever been the subject of any sanction or action, denial,		N. I.
	suspension, revocation, restriction or termination regarding your ability to	Yes	No
	prescribe, dispense or administer drugs including controlled substances? If		
	yes, please attach a detailed explanation and provide documentation from		
	the source		

Yes

No

32. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source.

DECLARATION

I authorize the release of information concerning my education, training record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Nursing. I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant	Date
Legal Signature of Applicant	Date

NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification⁸ by the Montana Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.⁹

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.¹⁰

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at http://www.fbi.gov/about-us/cjis/background-checks.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If a change, correction, or update needs to be made to a Montana criminal history record, or if you need additional information or assistance, please contact Montana Criminal Records and Identification Services at dojitsdpublicrecords@mt.gov or 406-444-3625.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.

Signed Name:	Date:
Printed name:	

¹⁰ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



In accordance with federal law regarding notices and disclosures, MT <u>Dept</u> of Justice requires the entity to which you are applying to work or volunteer to use this form.

Form number: APPR&R 20120611

⁸ Written notification includes electronic notification, but excludes oral notification.

⁹ See 28 CFR 50.12(b).

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

<u>APPLICANT:</u> Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold or ever have held a license. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Nursing. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the board(s) prior to mailing in this form to see if you need to include payment.

include payment.	3	3	
LICENSEE INF To Whom It May Concern:	ORMATION		
To whom it may concern.			
I am applying for a license to practice as a Medication Aide II in the State of Montana and the Nursing Board requires official license verification. This is your authority to release any information in your files, favorable or otherwise, DIRECTLY to:			
Montana Board PO Box 200 Helena, MT 596 Or Email at: unitb	0513 620-0513		
Your prompt response is appreciated.			
Name (Please Print)	Signature		
Address:			
Street or PO B	OX #		
City	State	Zip	
My License Number from your State is:	License 1	·ype:	